

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/580,287</b>	FILING DATE			
							APPLICANT(S)				
<b>9-3004 CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* 9-3004 *			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			/				51			/	
2				/			52			/	
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10				/			60				
11				/			61				
12				/			62				
13				/			63				
14	/			/			64				
15		/		/			65				
16	/			/			66				
17		/		/			67				
18	/			/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28		/		/			78				
29		/		/			79				
30		/		/			80				
31		/		/			81				
32		/		/			82				
33		/		/			83				
34		/		/			84				
35		/		/			85				
36		/		/			86				
37		/		/			87				
38		/		/			88				
39		/		/			89				
40		/		/			90				
41		/		/			91				
42		/		/			92				
43		/		/			93				
44		/		/			94				
45		/		/			95				
46		/		/			96				
47		/		/			97				
48		/		/			98				
49		/		/			99				
50		/		/			100				
TOTAL IND.	4						TOTAL IND.			2	
TOTAL DEP.	25						TOTAL DEP.			21	
TOTAL CLAIMS	29						TOTAL CLAIMS			23	